

# Emergency Management Exercise Reporting System

## Paperwork Reduction Act Burden Disclosure Notice

Public reporting burden for these forms is estimated to range from 30 minutes for a limited exercise to 1 hour for a full-scale exercise, with an average of 45 minutes per response at the local level. At the State level, it is estimated to average 10 minutes per response to review, input, and transmit to FEMA data received from the local level. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions to reduce the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Please do not send the completed forms to the above address.

## PART I - GENERAL INFORMATION

1. Jurisdiction	2. Funded Jurisdiction <input type="radio"/> Yes <input type="radio"/> No	3. State	4. State Area (Region)								
5. Type of Event <input type="checkbox"/> Exercise Credit is being requested <table border="0"> <tr> <td><b>Exercise</b></td> <td><b>Actual Occurrence</b></td> </tr> <tr> <td><input type="checkbox"/> Tabletop <input type="checkbox"/> Drill</td> <td><input type="checkbox"/> Local</td> </tr> <tr> <td><input type="checkbox"/> Functional <input type="checkbox"/> Orientation</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Full-scale</td> <td><input type="checkbox"/> Federal</td> </tr> </table>		<b>Exercise</b>	<b>Actual Occurrence</b>	<input type="checkbox"/> Tabletop <input type="checkbox"/> Drill	<input type="checkbox"/> Local	<input type="checkbox"/> Functional <input type="checkbox"/> Orientation	<input type="checkbox"/> State	<input type="checkbox"/> Full-scale	<input type="checkbox"/> Federal	6. Focus On Check one or more <input type="checkbox"/> Preparedness <input type="checkbox"/> Mitigation <input type="checkbox"/> Response <input type="checkbox"/> Recovery	7. Dates of Event Begin: ____/____/____ (mm/dd/yyyy) End: ____/____/____ (mm/dd/yyyy)
<b>Exercise</b>	<b>Actual Occurrence</b>										
<input type="checkbox"/> Tabletop <input type="checkbox"/> Drill	<input type="checkbox"/> Local										
<input type="checkbox"/> Functional <input type="checkbox"/> Orientation	<input type="checkbox"/> State										
<input type="checkbox"/> Full-scale	<input type="checkbox"/> Federal										

## 8. Hazard

Please enter only one (1) P for the Primary hazard and, if needed one (1) or more S's for Secondary type(s) of hazard(s)

Natural	Technological	National Security/Terrorism
<input type="checkbox"/> Avalanche <input type="checkbox"/> Drought <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Landslide <input type="checkbox"/> Subsidence <input type="checkbox"/> Tornado <input type="checkbox"/> Tsunami <input type="checkbox"/> Volcano <input type="checkbox"/> Wild Fire <input type="checkbox"/> Winter Storm <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Dam Failure <input type="checkbox"/> Hazardous Materials-Fixed Facility <input type="checkbox"/> Hazardous Materials-Transportation <input type="checkbox"/> Power Failure <input type="checkbox"/> Radiological-Fixed Facility <input type="checkbox"/> Radiological-Transportation <input type="checkbox"/> Structural Fires <input type="checkbox"/> Transportation Accidents ( Air/Rail/Highway/Water) <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Cyber <input type="checkbox"/> Explosive <input type="checkbox"/> Hostage <input type="checkbox"/> Nuclear/Radiological <input type="checkbox"/> Other <input type="text"/>

## 9. Indicate Number of Participants in each Category

<input type="text"/> Federal	<input type="text"/> State	<input type="text"/> Military
<b>Local Participants</b>		
<input type="text"/> Appointed Officials	<input type="text"/> Fire	<input type="text"/> Private Industry
<input type="text"/> Civil Air Patrol	<input type="text"/> Health and Medical	<input type="text"/> Public Information
<input type="text"/> Communications	<input type="text"/> Human Services	<input type="text"/> Public Participants
<input type="text"/> Elected Officials	<input type="text"/> Law Enforcement	<input type="text"/> Public Works
<input type="text"/> Emergency Management	<input type="text"/> Local Emergency Planning Committee	<input type="text"/> Radiological
<input type="text"/> Finance		<input type="text"/> School Personnel
		<input type="text"/> Search and Rescue
		<input type="text"/> Utilities
		<input type="text"/> Volunteer Agencies
		<input type="text"/> Other
		<input type="text"/> Total Participants

Part II begins on the next page.



PART II - FUNCTIONS TESTED								
Emergency Functions	Event Results			Corrective Actions				
	S = Satisfactory NI = Needs Improvement NT = Not Tested			[Check to show corrective action(s)]				
				Planning	Training	Personnel	Equipment	Facilities
<b>1. Alert Notification (Emergency Response)</b>								
Officials	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response/Recovery Personnel	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Warning (Public)</b>								
Outdoor Siren	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Alerting System	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs Population	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Communication</b>								
Telephone	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teleconference	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amateur Radio	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email/Internet	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satellite	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Coordination and Control</b>								
Incident Command System	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unified Command	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EOC Operations</b>								
Direction and Control	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EOC Facility	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate EOC	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Power	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-Agency Communications	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Message Handling	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Effectiveness of Coordination</b>								
Officials	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EOC Staff	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Response/Recovery Personnel	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II - continued on the next page.



PART II - FUNCTIONS TESTED (continued)								
Emergency Functions	Event Results			Corrective Actions				
	S = Satisfactory NI = Needs Improvement NT = Not Tested			[Check to show corrective action(s)]				
				Planning	Training	Personnel	Equipment	Facilities
<b>5. Emergency Public Information</b>								
Prior to Emergency	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During Emergency	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Post-emergency	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centralized Public Information Activities (e.g., Joint Information Center)	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-centralized Public Information Activities (i.e., operating from different sites)	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Damage Assessment</b>								
Private Sector	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Health and Medical</b>								
Emergency Medical Services	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment and Public Health	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Casualties	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Facilities	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Individual/Family Assistance</b>								
Shelters/Relocation Centers	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Food/Water/Clothing	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reunification	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Public Safety</b>								
Law Enforcement	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search and Rescue	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Public Works/Engineering</b>								
Debris Management	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restoration	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Transportation</b>								
Ground	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment/Supplies	S	NI	NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II - continued on the next page.



PART II - FUNCTIONS TESTED (continued)								
Emergency Functions	Event Results S = Satisfactory NI = Needs Improvement NT = Not Tested			Corrective Actions [Check to show corrective action(s)]				
	Planning	Training	Personnel	Equipment	Facilities			
<b>12. Resource Management</b>								
Donated Goods	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Coordination	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplies/Equipment	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mutual Aid</b>								
Personnel from Other Sites	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment from Other Sites	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Continuity of Government</b>								
Succession of Leadership	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predelegation of Emergency Authorities	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding of Essential Records	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection of Government Resources	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities and Personnel	<input type="checkbox"/> S <input type="checkbox"/> NI <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART III - ACTUAL OCCURENCE</b>								
Number Fatalities		Number Injured	Number Evacuated	Number Sheltered	Estimated Public Damage	Estimated Private Damage		
<b>PART IV - General Comments and Signatures</b>								
General Comments								
<b>Prepared By</b> <input style="width: 100%;" type="text"/>				<b>Title</b> <input style="width: 100%;" type="text"/>			<b>Date</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
<b>Address</b> <input style="width: 100%;" type="text"/>				<b>Phone</b> <input style="width: 100%;" type="text"/>				
<b>City</b> <input style="width: 150px;" type="text"/> <b>ST</b> <input style="width: 20px;" type="text"/> <b>Zip Code</b> <input style="width: 80px;" type="text"/>				<b>E-Mail</b> <input style="width: 100%;" type="text"/>				
<b>State Approving Official</b> <input style="width: 100%;" type="text"/>							<b>Date</b> <input style="width: 100%;" type="text"/>	

**Emergency Management Exercise Reporting System****LESSONS LEARNED**

Jurisdiction: \_\_\_\_\_ Begin Date: \_\_\_\_\_

General Comments may be entered for each function. An overall Lessons Learned Comment may be entered.

Functions			
1. Alert Notification (Emergency Response)	5. Emergency Public Information	9. Public Safety	13. Continuity of Government
2. Warning (Public)	6. Damage Assessment	10. Public Works / Engineering	
3. Communications	7. Health and Medical	11. Transportation	
4. Coordination and Control	8. Individual/Family Assistance	12. Resource Management	

Jurisdiction: \_\_\_\_\_ Begin Date: \_\_\_\_\_

[illegible]

Functions			Items	
1. Alert Notification (Emergency Response)	6. Damage Assessment	11. Transportation	1. Planning	4. Equipment
2. Warning (Public)	7. Health and Medical	12. Resource Management	2. Training	5. Facility
3. Communications	8. Individual/Family Assistance	13. Continuity of Government	3. Personnel	
4. Coordination and Control	9. Public Safety			
5. Emergency Public Information	10. Public Works/Engineering			



